

**CITY OF ALEXANDRIA**

OFFICE OF BUILDING & FIRE CODE ADMINISTRATION
 301 KING STREET, SUITE 4200, ALEXANDRIA, VIRGINIA 22314
 703.746.4200 FAX - 703.838.3880
 ALEXANDRIA.VA.GOV/CODE

CONSTRUCTION APPLICATIONIMPORTANT - Applicant to complete **ALL** applicable items

Shaded boxes are FOR OFFICIAL USE ONLY

Permit Number	1. Project Name	Master Permit																			
2. Project Address	Floor/Suite No.	3. Date Applied																			
4. Owner	5. Contact Information Phone: _____ Fax: _____ Email: _____																				
6. Owner's Mailing Address (if different from project address)																					
7. Work Done By: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	8. Business License No. _____ Reciprocity <input type="checkbox"/> Yes <input type="checkbox"/> No 9. State Contractor License No. _____ Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C																				
10. Contractor Name	11. Phone: _____ Fax: _____	12. Mechanic's Lien Agent? <input type="checkbox"/> None Designated <input type="checkbox"/> Yes:																			
13. Business Address																					
14. Project Description (check all appropriate trades) <input type="checkbox"/> Health Department <input type="checkbox"/> Structural/Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Protection Sys. _____ _____ _____		15. Estimated Cost - including overhead & profit <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">New (\$)</th> <th style="text-align: center;">Alterations (\$)</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Electrical</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Plumbing</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Mechanical</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			New (\$)	Alterations (\$)	Building	_____	_____	Electrical	_____	_____	Plumbing	_____	_____	Mechanical	_____	_____	TOTAL	_____	_____
	New (\$)	Alterations (\$)																			
Building	_____	_____																			
Electrical	_____	_____																			
Plumbing	_____	_____																			
Mechanical	_____	_____																			
TOTAL	_____	_____																			
16. Type of Work: <input type="checkbox"/> New/Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Repair/Replacement		17. Code Edition																			
18. Existing Occupancy(s)		19. Proposed. Occupancy(s)	20. Occupant Load																		
21. Facility Type (for Health Department Projects only) <input type="checkbox"/> Food <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hotel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Personal Grooming <input type="checkbox"/> Massage		22. Type of Construction <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB																			
23. Accessibility <input type="checkbox"/> Full <input type="checkbox"/> Partial		24. No. of Residential Dwelling Units: Exist. _____ Prop. _____																			
25. Building Height _____ ft	26. No. of Stories _____	27. Building Area : Gross _____ ft ² Altered _____ ft ² New _____ ft ²																			
28. Fire Alarm: <input type="checkbox"/> Exist. <input type="checkbox"/> Alterations <input type="checkbox"/> New <input type="checkbox"/> None		29. Sprinklers: <input type="checkbox"/> Exist. <input type="checkbox"/> Partial <input type="checkbox"/> Full <input type="checkbox"/> None	30. Standpipes: <input type="checkbox"/> Yes <input type="checkbox"/> No																		
AFFIDAVIT - I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for Permit _____ Phone _____ Fax _____ _____ Email Address _____		APPROVALS																			
		Engineer																			
		Date Approved																			
		Date Issued																			
		Technician	Rec'd By:																		
			Issued By:																		
		PERMIT FEES																			
		TOTAL \$																			
		Deposit Rec'd \$																			
		Deposit Date																			
		Balance Due \$																			
		Notes																			